CLEARINGHOUSE

Medicaid

UBS
A
12
45
17
142
978

How New York State Helps When Illness Strikes

RA
412.45
.N7
M42
1978

CONTENTS

What Medicaid Does 3

Benefits 4

Who Is Eligible? 4

Exemptions 5

Expensive Hospital Care
(Catastrophic Illness, Chronic Illness, and
Other Expensive Care) 7

A Special Note Concerning Medicare 9

Private Health Insurance 9

Medicaid Identification Card 10

All About Applications 10

Legally Responsible Relatives 12

Where to Apply 12

If You Want to Appeal a Decision 14

Protection Against Discrimination 15

[illegible]
[illegible]
[illegible]
[illegible] Maryland 21244

HOW MEDICAID HELPS

The cost of medical care is a serious problem for many individuals and families. More and more, as such costs rise, people cannot afford them:

Some risk serious and sometimes chronic illness or disability.

Children suffer health damage that may limit their adult work capacities.

This lack of needed health care, in time, builds a great burden of illness and disability, much or all of which eventually becomes a welfare burden. The largest part of public welfare expenditures stems from health care.

To help these citizens, New York State has established a program to pay for the medical services they — and their dependents — need but cannot pay for.

The program — paid for with Federal, State, and local tax funds — is Medical Assistance for Needy Persons, generally called Medicaid.

This help is available through 58 local departments of social services throughout the State to all who qualify.

Practical information about Medicaid is given in this handbook. It answers questions most frequently asked by most persons who apply for it; and it provides general information for others who want to know about the program and how it operates.

Anyone who wants an application blank or guidance on his own situation, or additional information, should ask his local social services department.

All have a tremendous stake in this program. Medicaid protects and promotes the health of great numbers of children and adults who urgently need its help — and it curbs the dependency that stems from lack of medical care as it raises the health levels of all the people of the State.

WHAT MEDICAID DOES

Medicaid pays the medical bills, in whole or in part, of New York State residents who are citizens of the United States or aliens admitted for permanent residence in the United States, and who cannot pay the costs of medical care.

Applications for it are made at local departments of social services. These departments authorize this assistance for persons qualified under the law to receive it.

Below, in question-and-answer form, is other basic information on what Medicaid does.

BENEFITS

Q. Does Medicaid pay cash benefits to those who qualify?

A. No. It pays the provider of services or supplies (physician, surgeon, hospital, etc.).

Q. What services, care, and supplies will be paid for by Medicaid?

A. Necessary services provided by physicians, dentists, optometrists and other professional personnel. The dental services paid for by Medicaid are ordinarily limited to essential treatment, such as extraction of teeth, filling of cavities and routine preventive dental care. However, dental prosthetic (false teeth) and orthodontic (teeth-straigtening) appliances required to alleviate a serious health condition, including one which affects employability, will be paid for if prior approval has been obtained.

Care, treatment, maintenance and nursing services in hospitals, nursing homes, infirmaries or other medical institutions, including the hospital or nursing home sections of public institutions operated for the care of the mentally retarded.

Outpatient or clinic services.

Home health care services, including home nursing services and services of home health aides.

Drugs, sickroom supplies, eyeglasses and prosthetic appliances.

In catastrophic illness, in-hospital services are covered.

Medical examination for children under 21 through the Child Health Assurance Program (CHAP) and Family Planning Services.

WHO IS ELIGIBLE?

Q. Who is eligible for Medicaid?

A. The following groups:

(1) Persons on welfare

(2) Persons receiving Supplemental Security Income (SSI) benefits, with certain exceptions (Most persons receiving SSI benefits are automatically eligible for Medicaid; in other cases, the local departments of social services will determine whether the applicants are eligible for Medicaid.)

(3) Medically needy persons who are:

(a) under 21 years of age or 65 or over

(b) blind or disabled

(c) members of families in which one or both parents are dead, absent from the home, incapacitated, or the father is unemployed. Included among those considered incapacitated are pregnant women from the fourth month of pregnancy until 12 weeks after delivery.

(4) Persons, other than those listed above, who are stricken with catastrophic illness can be helped with hospital bills and bills for physician services given in hospitals when those costs exceed 25 percent of their income (See Catastrophic Illness, page 7.)

Q. What is a medically needy individual or family?

A. A person or family whose net annual income (total income less income taxes, social security withholding taxes, cost of health insurance premiums, payment for support of dependents made by court order, and in some instances, work-related expenses) is no higher than the amounts shown in the table on page 6, or the Public Assistance level of need.

EXEMPTIONS

(Savings, Insurance Policies)

Q. If a family eligible for Medicaid has savings, what happens to them?

A. The first $500 of savings, including cash value of life insurance, is exempt as a burial fund. This $500 exemption applies to each member of a family, with a maximum of $2,000 per family. Additional savings equal to one-half of the annual net income exemption are also allowed. Any savings in excess of this amount will have to be used for medical expenses.

Q. Is face value of life insurance computed in figuring eligibility for Medicaid?

A. No. But the cash value of any life insurance policy must be included in determining the burial reserve and the savings exemption.

Q. Must term insurance be considered when computing savings or burial reserve?

A. No. Term, group and other insurance that has no loan value is not considered an asset. Such insurance cannot be surrendered for cash nor borrowed against.

Q. How much can a person or family earn and how much money can they have in the bank and still be eligible for Medicaid?

A. The following table lists the amounts of earnings and allowable reserves, which includes the cash value of life insurance, that determine eligibility for Medicaid:

Number in Family	Annual Income	Allowable Reserves
1	$3,100	$2,050
2	$4,400	$3,200
3	$4,500	$3,750
4	$5,000	$4,500
5	$5,800	$4,900
6	$6,500	$5,250
7	$7,400	$5,700

For families larger than seven, the exemption is increased by $700 for each additional person; for allowable reserves, the exemption is increased by $350 for each additional person. In addition, the first $20.00 per month of any income will be disregarded for a couple or individual who is blind, disabled, or 65 years of age or over.

For those households in New York State where the cost of shelter and heat as allowed in the Public Assistance Program, are higher than the average, the local social services agency is required to give consideration to those shelter and heating costs where it results in an amount higher than the Medical Assistance income level listed for that household.

Homestead, Personal Property Exemptions

Q. Does a property owner have to give the social services department a lien or mortgage on his house if he gets Medicaid?

A. No. No lien or encumbrance of any kind can be imposed on the property of any recipient of Medicaid. A claim may be filed against the estate of a deceased recipient who was 65 years of age or older when he received such assistance, if the resources of the estate warrant it; but only after the death of the surviving spouse, if any; and only if there is no surviving child under 21. Such a claim may not be filed if the surviving child is over 21, but is blind or permanently and totally disabled.

Note: The transfer of any property within 18 months prior to the date of application, or while one is in receipt of assistance, may cause an individual to be determined ineligible for Medical Assistance.

Q. Does a person who receives Medicaid have to pay it back if and when he is able to?

A. No, except as above, or where the recipient recovers against a third party for the injuries which necessitated the medical treatment covered by Medicaid.

Q. Does a person or family have to sell his automobile to qualify for Medicaid?

A. No. The following items of personal property are not considered assets: clothing, personal effects, furniture, appliances, equipment required for a trade, occupation or business, an automobile.

Q. Is it necessary to sell income-producing property (not used as a homestead) to qualify for Medicaid?

A. No, but any income it produces in excess of the income exemption must be used to pay for medical expenses. If such real property can be mortgaged, this must be done, and whatever proceeds are actually available in excess of the resource exemption must be utilized.

Q. Is a family with income, savings, or insurance above the exempt levels disqualified from Medicaid?

A. Not necessarily, for it depends upon the size of medical expenses involved. Where the costs of medical care exceed the family's excess income or resources, the family will be eligible after such excess has been paid or obligated toward the bill.

EXPENSIVE HOSPITAL CARE

(Catastrophic Illness, Chronic Illness, and Other Expensive Care)

Catastrophic Illness

Q. What is catastrophic illness?

A. Sickness whose hospital and other inpatient costs exceed 25 percent of annual net income, or the amount of such income in excess of public assistance levels, whichever sum is smaller.

Q. When catastrophic illness makes persons or families eligible for Medicaid, is the whole cost paid by the program?

A. No. Only that amount that exceeds the above formula, and *only* inpatient care is covered.

EXAMPLE — A person earning $5,000 annual net income who incurs a bill of $2,000 must pay $1,250 (25 percent of $5,000) and Medicaid will pay the remaining $750.

Q. Is expensive hospital care covered for persons with incomes in excess of the income exemptions, providing they are otherwise eligible?

A. Yes. The following example shows how it works:

Assume for example, that a family which has an incapacitated, blind, absent, deceased or unemployed parent, has annual income of $1,200 more than the income exemption level. Since the excess for only a six-month period must be used, the family would be required to use only half of its annual excess, or $600, toward the hospital bill.

Chronic Illness

A person who receives 60 or more consecutive days of care in a hospital or other medical institution is deemed to be in chronic care.

(1) If a chronically ill person has dependents:

He can keep $28.50 a month out of his income to meet personal expenses. The remaining income is used for the support of his dependents and any excess is applied to the cost of the medical care the patient is receiving.

(2) If he is a single person:

His income, over and above $28.50 a month for personal expenses, is applied to the cost of his medical care.

There are also savings and burial reserve exemptions as there are for other Medicaid beneficiaries.

Other Expensive Care (nonhospital)

Q. Are other large medical bills paid by Medicaid?

A. Yes, if the monthly cost of care exceeds the income exemption determined on a monthly basis. For example, suppose physician, dentist, or other services cost $300 in a month and the family's income exceeds the exemption by only $50. The family would pay $50 and the remaining $250 would be paid by Medicaid.

Q. How are the costs of expensive prosthetic appliances and dentures covered?

A. The excess income in a six-month period is utilized as in hospital care.

A SPECIAL NOTE CONCERNING MEDICARE

Persons may be eligible for Medicaid benefits as well as Medicare benefits. Eligibility for Medicare is automatic when a person reaches 65; in addition, since July 1, 1973, a person under 65 who has received Social Security disability benefits for at least 24 months may also be eligible for Medicare.

Eligibility for Medicaid is determined from information taken in an application and by a personal interview with the applicant or his representative. For persons who qualify, Medicaid pays hospital, physician, drug, and other costs not provided by Medicare.

PRIVATE HEALTH INSURANCE

Q. Do private health insurance benefits have to be used?

A. Yes. If such insurance benefits do not meet the full medical expenses, and the family qualifies by income, savings, and life insurance exemptions, Medicaid will pay the portion of medical expenses not covered by private health insurance.

Also, a veteran entitled to hospitalization and other medical care in a veterans' facility must use such resources.

Q. If a family qualifies for Medicaid, should it drop any private health and accident insurance it has?

A. No. No one should cancel his private health insurance protection because he thinks he may not need it under Medicaid.

First, he had better make sure he is eligible for Medicaid before he takes any action. Second, his eligibility for Medicaid will probably vary from time to time, depending upon his income and other resources. Consequently a person who drops his personal health insurance may be eliminating his only means of paying for medical care he needs. Third, in an effort to

encourage people to maintain personal health insurance for their own protection, payment of insurance premiums is taken into account in determining eligibility for Medicaid.

MEDICAID IDENTIFICATION CARD

Q. What is a Medicaid identification card?

A. A card that identifies an individual or members of a family as being qualified for Medicaid. It also indicates the services for which the individual or family is qualified.

All cards will show "A" coverage. Under "A" coverage, all Medicaid benefits are provided.

Q. How is the card used?

A. Just like a Blue Shield card. It is shown to the physician, dentist, pharmacist or other provider of services, drugs, etc.

Q. How long is the card valid?

A. Cards for families or individuals found eligible for Medicaid are issued monthly or up to periods of six months.

ALL ABOUT APPLICATIONS

Q. Where does one apply?

A. At the local social services department, or, if he lives in a town that has a social services officer, he may obtain an application blank from that officer.

Applications should be filed as soon as possible, because an individual may be eligible for payment of medical expenses incurred during the three-month period prior to the month of application.

Q. How does one apply?

A. In person, by writing for an application form, by telephoning for it, or by having another person make application to the local social services department. (See page 13 for address of your local department.)

The applicant or, if he is disabled, his representative must be interviewed at the local social services department.

Q. What information must the applicant provide?

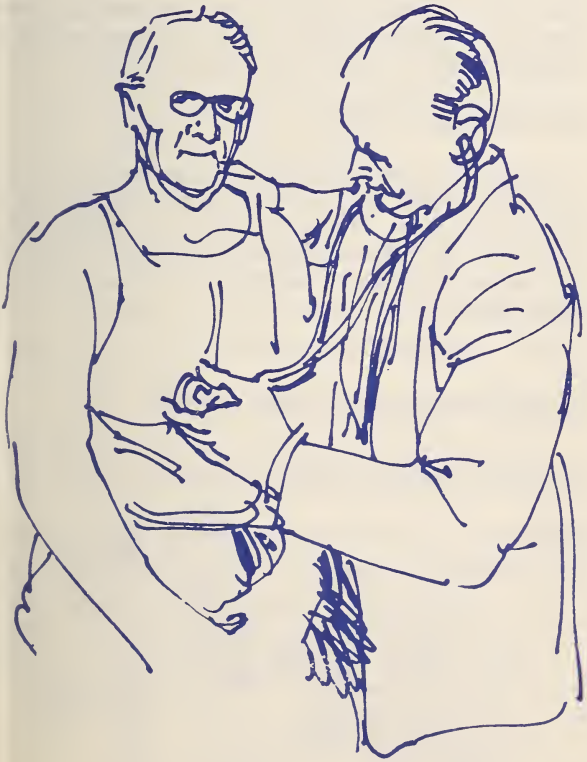
A. In addition to name, address, social security number and age, the applicant must state his annual income and, if a family, the annual income of each person in the family, the amount of savings, and other liquid assets (stocks, bonds, cash value of insurance above certain levels; see Exemptions, page 5). The applicant must furnish written proof of all the information given on the application form.

Q. What is considered income?

A. All earnings from employment, profits from business, interest from savings, dividends from stocks, social security payments, contributions from legally responsible relatives, etc.

Q. How long does it take?

A. The social services department must make a decision on an application in 30 days, and send a letter to the applicant notifying him if his application has been accepted or rejected.



LEGALLY RESPONSIBLE RELATIVES

Legally responsible relatives are those who are required by statute to contribute, if able, to the support of any recipient of public assistance, including Medicaid.

Q. Who are legally responsible relatives?

A. Husband for wife, wife for husband, and parents and step-parents for children under 21. Parents are not responsible for the cost of medical care of certified blind or disabled children under 21 who have been separated from the parental household for over 30 days. Adult children are not legally responsible for parents.

WHERE TO APPLY

New York City

Residents of New York City may write or telephone the Bureau of Medical Assistance, New York City Department of Social Services at 340 West 34th Street (Tel. 594-3050) for information regarding Medicaid applications. The applicant will be sent a list of the Department's Medicaid offices and will be advised that he or his representative must apply in person to one of the Medicaid offices. If unable to apply in person because of age or disability, and if he has no one to represent him, he may request a home visit.

Outside New York City

New York State residents outside New York City make application for Medicaid to the social services department of the county in which they reside. After filling out the application form, the applicant must appear for an interview at an office of the social services department.

Local Departments of Social Services

The addresses of all local departments of social services in the State appear on pages 13 and 14.

ALBANY: 40 Howard Street, Albany 12207

ALLEGANY: Court House, Belmont 14813

BROOME: 36-38 Main Street, Binghamton 13905

CATTARAUGUS: 265 No. Union Street, Olean 14760

CAYUGA: County Office Building, 160 Genesee Street, Auburn 13021

CHAUTAUQUA: Hall R. Clothier Health and Social Services Building, Mayville 14757

CHEMUNG: 203-209 William Street, Elmira 14901

CHENANGO: County Office Building, Norwich 13815

CLINTON: 30 Durkee Street (P.O. Box 990) Plattsburgh 12901

COLUMBIA: 610 State Street, Hudson 12534

CORTLAND: 133 Homer Avenue, Cortland 13045

DELAWARE: 126 Main Street, Delhi 13753

DUTCHESS: 14 Academy Street, Poughkeepsie 12601

ERIE: 95 Franklin Street, Buffalo 14202

ESSEX: Court House, Elizabethtown 12032

FRANKLIN: Court House, Malone 12953

FULTON: County Building, Johnstown 12095

GENESEE. 3837 West Main Road, Batavia 14020

GREENE: 465 Main Street, Catskill 12414

HAMILTON: Court House, Lake Pleasant 12108

HERKIMER: County Office Building, Herkimer 13350

JEFFERSON: 175 Arsenal Street, Watertown 13601

LEWIS: Stowe Street, Lowville 13367

LIVINGSTON: Livingston County Campus — Bldg. 3 Mt. Morris, N.Y. 14510

MADISON: Wampsville 13163

MONROE: 111 Westfall Road, Rochester 14620

MONTGOMERY: County Office Building, Fonda 12068

NASSAU: Administration Building, 900 Ellison Avenue, Westbury 11590

NIAGARA: 100 Davison Rd., P.O. Box 506, Lockport 14094

ONEIDA: County Office Building, 800 Park Avenue Utica 13501

ONONDAGA: 421 Montgomery Street, Syracuse 13202

ONTARIO: 120 North Main Street, Canandaigua 14424

ORANGE: Quarry Road Box Z, Goshen 10924

ORLEANS: Route 31, Albion 14411

OSWEGO: County Office Building, Spring Street, Mexico 13114

OTSEGO: County Office Bldg., 197 Main St., Cooperstown 13326

PUTNAM: 50 Main St., Brewster 10509

RENSSELAER: 133 Bloomingrove Drive, Troy 12180

ROCKLAND: 250 West Nyack Rd., West Nyack 10994

ST. LAWRENCE: Harold B. Smith County Office Bldg., Canton 13617

SARATOGA: County Complex, Bldg. A, Ballston Spa 12020

SCHENECTADY: 487 Nott St., Schenectady 12308

SCHOHARIE: Professional Bldg., Schoharie 12157

SCHUYLER: County Office Bldg., Watkins Glen 14891

SENECA: County Road 118, Box 179, RD #3, Waterloo 13165

STEUBEN: County Home, Box 631, Bath 14810

SUFFOLK: Box 2000, 10 Oval Drive, Hauppauge 11787

SULLIVAN: Box 231, Liberty 12754

TIOGA: Box 394, Rt. 38, RD 3, Owego 13827

TOMPKINS: 108 Green St., East, Ithaca 14850

ULSTER: County Office Bldg., 244 Fair St., Kingston 12401

WARREN: Warren County Municipal Ctr., Lake George 12845

WASHINGTON: 6 Church St., Granville 12832

WAYNE: 16 William St., Lyons 14489

WESTCHESTER: 150 Grand St., White Plains 10601

WYOMING: 466 North Main St., Warsaw 14569

YATES: County Office Bldg., Court St., P.O. Box 257, Penn Yan 14527

City Department of Social Services

NEW YORK CITY: 250 Church St., New York 10013

IF YOU WANT TO APPEAL A DECISION . . .

If an applicant or recipient of Medicaid is dissatisfied with a decision made by his local department of social services, he may appeal to the State Department of Social Services for a review of his case.

Persons applying for a Fair Hearing should visit, telephone, or write the State Department of Social Services Fair Hearing Office nearest their home. Addresses of these offices are listed below:

New York City:
80 Centre Street
New York, N.Y. 10013
Tel: (212) 488-6550

Albany:
40 North Pearl Street
Albany, N.Y. 12243
Tel: (518) 474-8782

Buffalo:
125 Main Street
Buffalo, N.Y. 14203
Tel: (716) 842-4377

Rochester:
36 West Main Street
Rochester, N.Y. 14604
Tel: (716) 454-4272

Syracuse:
333 East Washington Street
Syracuse, N.Y. 13202
Tel: (315) 473-8415

CMS Library
C2-07-13
7500 Security Blvd.
Baltimore, Maryland 21244

CMS LIBRARY
3 8095 00010928 6

STATE OF NEW YORK
HUGH L. CAREY, GOVERNOR

DEPARTMENT OF SOCIAL SERVICES
BARBARA B. BLUM, COMMISSIONER

Publication No. 1006 Oct. 1978

The New York State Department of Social Services do not discriminate in employment or in providing access to services and programs on the basis of race, color, religion, se national origin, or physical or mental handicap.

If you feel you have been discriminated against, you ma complain by writing to: Affirmative Action Officer, New Yo State Department of Social Services, 40 North Pearl Stre Albany, NY 12243.